

## Parent Survey—Special Education

This is a survey for parents of students receiving special education services. Your responses will help guide efforts to improve services and results for children and families. For each statement below, please circle either yes (Y), no (N) or not applicable (NA) when available.

### Procedural Safeguards    Yes    No

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|---|---|---|
| 1. Did you receive a copy of your procedural safeguards (parent's rights)?                            | Y | N |
| 2. Were your procedural safeguards (parent's rights) explained so that you understood them?           | Y | N |
| 3. If you speak a language other than English, does the school communicate with you in that language? | Y | N |

### Evaluation and Eligibility

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|---|---|---|
| 4. Did you sign a consent form before your child was evaluated?                     | Y | N |
| 5. Did you have the opportunity to provide input during your child's evaluation?    | Y | N |
| 6. Did the evaluation team listen to and consider your input?                       | Y | N |
| 7. Were you invited to a meeting to discuss the results of your child's evaluation? | Y | N |

### IEP Development

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|---|---|---|
| 8. Was the IEP meeting scheduled at a mutually agreeable time?  | Y | N |
| 9. Did you receive notice of the time and place before each IEP meeting?  | Y | N |
| 10. Were you informed of your right to invite individuals who have knowledge or special expertise about your child to the IEP meeting?  | Y | N |
| 11. Did you bring someone to the IEP meeting?   | Y | N |
| 12. Did your child's regular education teacher attend the IEP meeting?  | Y | N |
| 13. Did the principal or another LEA representative attend the IEP meeting?   | Y | N |
| 14. Did you feel the team asked for and used your input on goals and objectives for your child's IEP?                                   | Y | N |
| 15. Do you feel all of your child's needs were addressed during the IEP meeting?  | Y | N |
| 16. At your child's IEP meeting, did the team discuss how your child would participate in statewide and district-wide testing (U-PASS)? | Y | N |
| 17. At your child's IEP meeting, did the IEP team discuss classroom accommodations and modifications your child needs?                  | Y | N |
| 18. Did you sign a consent form before your child was placed in special education?  | Y | N |

### IEP Implementation

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|--|---|---|
| 19. Are your child's regular education teachers aware of your child's learning needs?  | Y | N |
| 20. Does the staff in the regular classroom consistently provide the accommodations and modifications written in your child's IEP? | Y | N |
| 21. Do your child's regular education and special education teachers work together to implement the IEP?                           | Y | N |

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|---|---|---|
| 22. Is your child getting all of the services listed on the IEP?  | Y | N |
| 23. Are the related services your child receives (i.e., speech therapy, occupational therapy, counseling) helping him/her to benefit from special education services? | Y | N |
| 24. Does your child participate in school activities such as assemblies, after school activities and field trips with non-disabled students?                          | Y | N |
| 25. Is your child making progress toward meeting the goals on his/her IEP?  | Y | N |
| 26. Do you receive periodic reports on your child's progress toward IEP goals?  | Y | N |

### **Transition**

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|---|---|---|----|
| 27. If your child is 15 years old or older, did the IEP team discuss transition services (e.g., career interests, employment, high school classes) during an IEP meeting? | Y | N | NA |
| 28. Does your child's IEP provide the direction and plan for helping your child reach his/her long term goals after he/she leaves public school?                          | Y | N | NA |

### **Discipline**

- |   |   |   |    |
|---|---|---|----|
| 29. Has your child been removed from his/her special education program as a result of a disciplinary action this school year (suspended or expelled)? | Y | N |    |
| 30. Did he/she receive special education services in a different setting during that time?  | Y | N | NA |

### **General**

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|--|---|---|
| 31. Does the school empower you to have a positive effect on the quality of your child's program?  | Y | N |
| 32. Does the school facilitate opportunities for you to provide input about your child's education other than at IEP meetings?   | Y | N |
| 33. Is there a school-home communication system in place that provides you the opportunity to exchange important information about your student as often as necessary? | Y | N |
| 34. Does your school facilitate your involvement as a means of improving services and results for your child with disabilities?  | Y | N |
| 35. Were you ever given information about organizations that offer support for parents with students with disabilities by your school/district?                        | Y | N |
| 36. Have you participated in any training offered by the district, school, or the Utah Parent Center?  | Y | N |